

Clinical Practice Advisories: July 2005- December 2005*		
	Board Advisory Date:	
CNM contraceptive implants	June 16, 2005* (*Addendum)	<p>Question: Is it within the scope of practice of Certified Nurse Midwives (CNM) to remove long-term contraceptive implants?</p> <p>Board Response: Yes. This activity is within CNM scope of practice to remove long-term contraceptive implants under Nur 305.01 (c) and (d).</p> <p>Question: Is it within the scope of practice of nurse practitioners other than CNM's to remove long term contraceptive implants?</p> <p>Board Response: The Board affirmed that the scope of practice would be restricted to those nurse practitioners who have had specific training and education associated with reproductive health, and have received appropriate training pursuant to Nur 305.01 (c) and (d) to remove long term contraceptive implants.</p>
Telephone orders from pharmacist	August 18, 2005	<p>Question(s):</p> <ul style="list-style-type: none"> • Can a RN carry out a telephone (verbal order) from a pharmacist that has reconciled a medication order with

		<p>the provider?</p> <ul style="list-style-type: none"> • Can a RN carry out an order that was re-written by the pharmacist after the original order was reconciled by the pharmacist with the provider? • Can a nurse carry out an order for a medication that has been determined in the formulary to be a substitute by the pharmacist? <p>Board Response: The Board reaffirmed its June 2005 advice regarding verbal orders: Verbal medication orders should only be received directly from the provider, or the order can also be faxed to the nurse for inclusion of date/time/provider signature.</p>
Chest Xrays	August 18, 2005	<p>Question: Is it within the scope of practice for a RN to read the chest x ray to confirm placement of a PICC line?</p> <p>Board Response: No. This is not within the scope of RN practice.</p>
Poor labeling of medications	August 18, 2005	<p>Question: Should the nurse administer medications which residents bring into the facility, even with an MD order, when the containers are not sealed and no pharmacist is available to ensure that the contents are, indeed, what the label states?</p> <p>Board Response: The nurse must follow</p>

		medication administration standards as well as comply with the facility policies and procedures.
Pre-induction airway assessment	August 18, 2005	<p>Question: JCAHO requires that a pre-induction/pre-moderate sedation assessment be performed. Is it within the scope of practice for a Registered Nurse to perform the pre-induction airway assessment?</p> <p>Board Response: No. It is not within the scope of practice of the RN to complete pre-induction airway assessment.</p>
ARNP scope of practice joint injections	August 18, 2005	<p>Question: Are the following activities within the ARNP scope of practice? Facet Joint injection, lumbar Facet Joint injection, cervical Transforaminal epidural injection, lumbar or sacral Sacroiliac joint injection Destruction by neurolytic agent, paravertebral facet joint nerve, cervical or thoracic Destruction by neurolytic agent, paravertebral facet joint nerve, lumbar Epidural steroid injection, lumbar Epidural Steroid injection, cervical Percutaneous implant of neuro stimulator electrode array, epidural</p> <p>Board Response: The above interventions are within the Certified</p>

		Registered Nurse Anesthetist (CRNA) scope of practice provided that the provisions of Nur 305.01 (c) and (d) are met.
Intense Pulse Light Therapy	August 18, 2005	<p>Question: Is Intense Pulse Light (IPL) therapy within RN scope of practice?</p> <p>Board Response: Yes. IPL therapy is within RN scope of practice with advanced training under Nur 305.01.</p>
ARNP notes	August 18, 2005	<p>Question: In the event a ARNP is awaiting recertification (ie: the national certification required for ARNP licensing has expired) could a MD sign the ARNP notes, etc and the ARNP be “legal” from the BON perspective?</p> <p>Board Response: No. Essentially, if the ARNP’s national certification has lapsed, the ARNP no longer meets licensing requirements.</p>
ARNP physical exam	August 18, 2005	<p>Question: If a ARNP sees a patient who needs a physical exam for a federal agency that explicitly states the exam must be from a MD only, would the ARNP be practicing legally from the NH Board of Nursing perspective if the ARNP did the PE and a MD either signed or cosigned the exam?</p> <p>Board Response: The NH Board of Nursing has</p>

		no jurisdiction over organizational policy (such as the requirement for a MD to sign the physical examination form). The ARNP must refer to and practice within federal and/or facility based requirements. It is within the scope of practice for the ARNP to complete a physical exam.
ARNP prescription for self and family	September 15, 2005	<p>Question: Is it within the scope of practice for an ARNP to write prescriptions for themselves or family members?</p> <p>Board Response: The Board adopted the recommendation made by the ARNP Liaison Committee and advised that it is not within the scope of practice of an ARNP to write prescriptions for self or for family members.</p>
Supervision definition	October 20, 2005	<p>Question: How does the Board define direct vs. indirect supervision?</p> <p>Board Response: The board affirmed a previous definition that direct supervision refers to having the supervisor in close proximity to the licensee either in the same room or the same building. Indirect supervision requires the supervisor to be readily accessible but not necessarily on the floor or in the building. Thus, having telephone communication with a</p>

		supervisor who is available to assist in an identified problem would meet the definition of indirect supervision.
Indwelling catheters-LNA	October 20, 2005	<p>Question: Is it within the scope of practice for a LNA to insert an indwelling foley catheter?</p> <p>Board Response: No. The board re-affirmed its previous ruling that it is not within the scope of practice for a LNA to insert an indwelling foley catheter.</p>
Emergency Department protocols	October 20, 2005	<p>Question: In emergency departments, nurses use ED protocol orders to expedite patient care prior to provider evaluation. The protocol orders may include such items as x-rays, labs, EKG, oxygen and fever management medication. The protocols are a result of collaborative practice and are approved by the ED physician group. When the protocols are initiated, the ED physician or LIP may sign the order at the time the order is initiated or after evaluating the patient. Does this generally accepted practice meet the intent of the NH State Board of Nursing?</p> <p>Board Response: The board opined that the use of protocols in the emergency department as described in this question is within the scope of practice of the RN.</p>
Vascular closure devices	October 18, 2005	<p>Question: (Posed by the Mississippi Board of Nursing): The</p>

		<p>Mississippi Board of Nursing is requesting information regarding the role of the RN in deploying vascular closure devices (e.g., Angioseal) in your states.</p> <p>Is deployment of vascular closure devices within the RN's scope of practice? If so, what stipulations and/or restrictions, if any, are applicable?</p> <p>Board Response: The deployment of vascular closure devices is not within the scope of practice of the RN.</p>
Paracentesis	October 18, 2005	<p>Question: This question is about paracentesis. The physician starts the procedure and then leaves. He tells the nurse to change the bottles until the flow stops and then to discontinue the needle. Is this within our scope of practice?</p> <p>Board Response: No. This is not within RN scope of practice.</p>
Regional block injections	November 17, 2005	<p>Question: Is it within scope of practice for RN to inject local anesthetic into catheter for purpose of regional block such as interscalene or femoral block when assisting anesthesiologist in this procedure?</p> <p>Board Response: Decision tabled by P & E until December meeting.</p>

RNFA	November 17, 2005	<p>RNFA scope of practice posed by the West Virginia BON:</p> <p>Question: Can the RNFA harvest veins in your jurisdiction?</p> <p>Board Response: Yes. This practice is within scope of practice of RNFA with appropriate competencies under Nur 305.01.</p> <p>Question: If yes, can they do this if physician is not in room?</p> <p>Board Response: No.</p> <p>Question: What if physician is not in room but at scrub sink just outside door?</p> <p>Board Response: No.</p> <p>Question: If surgeon must leave room during procedure to assist in operative emergency, can RNFA continue with permitted skills intraoperatively if directed by physician and physician remains within surgical suite?</p> <p>Board Response: No.</p> <p>Question: If there is emergency during immediate post-op period can RNFA begin reopening once physician is paged to return to OR?</p> <p>Board Response: No.</p>
Intrauterine	November 17,	Question:

Insemination	2005	<p>Can LPNs perform IUI's (Intrauterine Inseminations) in a fertility setting under the direct supervision of a trained RN/Physician?</p> <p>Board Response: This practice is not within scope of practice of LPN.</p>
Telephone orders from pharmacist	November 17, 2005	<p>Question: Can nurse transcribe telephone orders from a pharmacist?</p> <p>Board Response: The Board reaffirmed that it is not within RN scope of practice to transcribe telephone orders from a pharmacist.</p>
Nystatin mouthwash-LNA	November 17, 2005	<p>Question: Is it within scope of practice of LNA to administer Nystatin mouthwash to patient to "rinse and spit out?"</p> <p>Board Response: It is not within LNA scope of practice to administer Nystatin mouthwash.</p>
Medication delegation RN to Paramedic	November 17, 2005	<p>Question: Is it within the scope of practice of the RN to delegate medication administration to a hospital employed paramedic in the Emergency room or Critical acute care setting?</p> <p>Board Response: The Nursing Administrative Rules 404.06 (b)(2), (e) (1), and (g) (4) indicate that delegation is appropriate when the patient</p>

		is stable, the care is not complex, and the delegate is supervised. Based on the written rules and their intent, the appropriateness of delegation of medication administration or other care issues by the licensed nurse to unlicensed personnel appears prohibited when caring for unstable, complex care patients.
Lidocaine gel	December 15, 2005	<p>Question: Is it within the scope of practice of the LPN or RN to instill 2% lidocaine gel into the patient's urethra undergoing a cystoscopy procedure if the nurse is trained by the surgeon?</p> <p>Board Response: This practice is within the scope of practice of the LPN or RN with appropriate competencies under Nur 305.01.</p>
RNFA	December 15, 2005	<p>Question: This question was raised following the board's November 17, 2005 advisory regarding the scope of practice of RNFA's. Is it within the scope of practice of the RNFA to suture an operative site if the surgeon is no longer in the operating room?</p> <p>Board Response: Yes. It is within the scope of practice as long as the surgeon is available.</p>
Rituxan	December 15, 2005	<p>Question: Can a LPN administer</p>

		<p>Rituxan intravenously?</p> <p>Board Response: No. It is not within LPN scope of practice to administer Rituxan.</p>
Fentanyl	December 15, 2005	<p>Question: Is it within the scope of practice for a nurse to push IV fentanyl for pain control in both pregnant and non-pregnant patients?</p> <p>Board Response: Yes. It is within the RN or LPN scope of practice to push IV fentanyl for pain control.</p>